



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
BREATH ALCOHOL PROGRAM

RECEIVED

By Ellen Strawsline at 2:07 pm, Sep 25, 2015

INTOX EC/IR II MAINTENANCE REPORT

PORT #3

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days). Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service. Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

INTOX EC/IR II SH 12679 NAME OF AGENCY Chesterfield PD DATE OF INSPECTION 09/20/2015

LOCATION OF INSTRUMENT (STREET AND CITY) 690 Chesterfield Pkwy W Chesterfield TIME OF INSPECTION 09:15 CDT

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument.

☒ DIAGNOSTIC RECORD

☒ BLANK CHECK ☒ CO2 CHECK  
☒ FC 1 TEMP ☒ FLOW CHECK  
☒ SRC TEMP ☒ FCB CHECK  
☒ DET TEMP ☒ CRC COMP CHECK  
☒ BT TEMP ☒ CRC CAL CHECK  
☒ STD 2 TEMP ☒ PRINT TEST  
☒ ETH CHECK

BREATH ANALYZER ACCURACY STANDARDS

☐ SIMULATOR SOLUTION ☒ COMPRESSED ETHANOL-GAS MIXTURE  
☒ STANDARD SUPPLIER INTOXIMETERS LOT# AG326802 EXP. DATE 09/25/2015  
☐ SIMULATOR TEMP (34°C ±0.2°C) SIMULATOR S/N SIMULATOR EXP DATE

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within +5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☐ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE  
☒ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE  
☐ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 0.079 g/210L TEST 2 0.079 g/210L TEST 3 0.079 g/210L

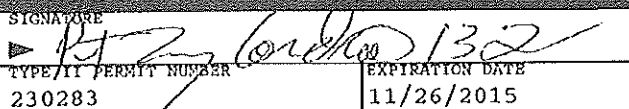
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:

REFUSALS 1 0-.04 0 .05-.09 2 .10-.14 1 .15-.19 2 OVER .19 1

LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

monthly maintenance test

INSPECTING OFFICER

SIGNATURE  PRINT FULL NAME CORDIA, TERRY  
TYPE/II PERMIT NUMBER 230283 EXPIRATION DATE 11/26/2015 TELEPHONE NUMBER (636) 537-3000

RETURN COMPLETED REPORT TO THE:

Breath Alcohol Program, Missouri Department of Health and Senior Services,  
Southeast District Office, 2875 James Blvd, Poplar Bluff, MO 63901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

**Customer Name**

Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

**Test Date:** 26-Sep-2013

**Lot #** AG326802

**Exp. Date**

25-Sep-2015

**Cyl. Type**

108

**Component**

Ethanol  
Nitrogen

**Certified Concentration**

0,080 ± 0,002 BrAC (218 ppm)  
Balance

**Certification Traceable to N.I.S.T. RGM Ethanol Standards:**

<u>Serial No.</u>	<u>Concentration</u>	<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm	EB0010603	392.5 ppm
EB0010570	259.8 ppm	EB0010559	258.9 ppm
EB0010285	209.0 ppm	EB0010595	208.9 ppm
EB0010561	103.7 ppm	EB0010562	104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

**Analytical Method:**

NDIR

Digitally signed by Quality Control  
Date: 2013.09.26 13:14:36 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

**Analyst:**

  
Rod Marsala

**ISO 17025:2005 A2LA accredited. Certificate Number 2989.01**



STATE OF MISSOURI  
DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BREATH ALCOHOL PROGRAM



**PERMIT**  
**TYPE II**  
**TERRY L CORDIA**

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):


**INTOX EC/IR II**

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/26/2013

NUMBER 230283

EXPIRES 11/26/2015

  
DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

  
,acting director  
DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	<b>INSTRUMENT OPERATOR CARD</b>
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
	
Operator CORDIA, TERRY Permit No 230283 Date Issued 11/26/2013 Date Expires 11/26/2015	